



**DEPARTMENT OF CORRECTIONS  
COMMUNITY CORRECTIONS FACILITIES AND PROGRAMS BUREAU  
FACILITY OPERATIONAL REQUIREMENT**

Requirement:	<b>PFB 6.2.459 TREATMENT AND PROGRAMS FOR ADULT OFFENDERS</b>
Effective Date:	12/11/2019 <span style="float: right;">Page 1 of 5</span>
Revision Date(s):	09/13/2021; 09/15/2022; 06/12/2023
Reference(s):	DOC 5.4.1; 53-1-201, MCA
Signature / Title:	/s/ Megan Coy, Community Corrections Facilities and Programs Bureau Chief

**This requirement is referenced as follows in Section 2.C., Program Requirements and Design; Programming and Curriculum (Specific to RFP or Previous Contracts), in the following contracts: Alternatives, Inc., Passages, Butte Prerelease, Gallatin County Reentry Program, Helena Prerelease, Elkhorn, Nexus, and START:**

- as **ACCD 5.3.100 CP&R;**
- as **ACCD 5.3.200 Criminal Thinking Errors**
- as **ACCD 5.3.300 Anger Management**
- as **ACCD 5.3.400 Victimology**
- as **ACCD 5.4.100 Chemical Dependency.**

**This requirement is referenced as *ACCD 3.5.100 Sex Offender Services* in Section 2.C., Program Requirements and Design; Programming and Curriculum (Specific to RFP or Previous Contracts), in the following contracts: Alternatives, Inc., Passages, Butte Prerelease, and Helena Prerelease.**

**I. PURPOSE:**

All facilities contracted with the Community Corrections Facilities and Programs Bureau (FPB) will implement treatment and program curricula that are determined by the Department to address the identified risks and needs of adult offenders to aid in their reentry to the community.

**II. DEFINITIONS:**

**Adjunct Programming** – Programming which is structured, positive, and a productive use of an individual’s time. This programming is not considered essential for release decision-making or may be voluntary in nature versus driven by assessment.

**Administrator** – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division or facility operation and management.

**Community Corrections Facilities and Programs Bureau** – The Bureau oversees the facilities providing assessments and sanctions, prerelease, and treatment services. This Bureau is referenced interchangeably as Programs and Facilities Bureau (PFB) or Facilities and Programs Bureau (FPB) in procedures and forms.

**Community Corrections Facility** – Includes assessment/sanction centers, prerelease centers, and residential substance use disorder treatment facilities.

**Continuum of Care** – An integrated network of treatment services and modalities designed to meet an offender’s changing needs as that offender moves through the treatment and recovery process.

**Core Risk Reducing** – Core risk reducing programs are those that target criminogenic risk factors, or those aspects of an individual that are directly related to future criminality. These are programs which are required based on criminogenic risk and need assessments and clinical evaluation. Programs utilize cognitive behavioral strategies with graduated skills practice.

**Criminogenic Risks and Needs** – Attributes that are directly linked to an offender’s risk to re-offend and must be addressed to achieve lower recidivism rates (identified as primary and secondary risk factors).

**Evidence-Based** – Demonstrated through empirical knowledge and scientific research with defined measurable outcomes regarding the effectiveness of a curriculum in reducing recidivism and improving public safety.

**Facilities and Programs Contract Manager** – The Department’s employee(s) who acts as the liaison between the Department and FPB contract facilities regarding services and offender management. This employee also monitors compliance with the terms of contractual agreements between the Department and FPB contract facilities.

**Fidelity** – The extent to which program or treatment delivery adheres to the protocol or curriculum model originally developed. Fidelity measurement has increasing significance for evaluation, treatment effectiveness research, and service administration.

**Gender Responsive** – Acknowledging the role of gender in how offenders engage in criminal behavior and respond to conditions of confinement or community supervision and treatment approaches, and creating an environment based on safety, respect, and dignity.

**Responsivity** – Addresses the hurdles or barriers in an offender’s life that may influence the offender’s response to programming/treatment and thereby affect the offender’s risk to reoffend.

**Risk and Needs Assessments** – Standardized and validated evidence-based instruments used to assess the probability of an offender recidivating and to identify risk factors and criminogenic needs to guide and prioritize appropriate programming; enhances sharing of offender information and assists in the efficient allocation of resources while an offender is under Department supervision.

**Trauma-Informed Care** – An organizational structure or treatment framework that is strengths-based, creates opportunities for offenders to rebuild a sense of control and empowerment, and is responsive to the impact of trauma, emphasizing physical, psychological, and emotional safety for both service providers and offenders.

**Treatment Providers** – Department or contracted staff who are trained and qualified to provide education, counseling, and treatment services to the offender population.

### III. REQUIREMENTS:

#### A. TREATMENT AND PROGRAM CURRICULA APPROVAL PROCESS:

1. A core risk reducing program may not be used by a Department-funded contractor until it is approved by the Department. To initiate the review process, facility staff must submit the proposed program to their assigned contract manager at [correquests@mt.gov](mailto:correquests@mt.gov) using required forms. The assigned contract manager will review the submission to ensure completeness and forward it for review in accordance with *DOC Policy 5.4.1, Offender Programs*.

**B. GENERAL ADMINISTRATION OF OFFENDER PROGRAMS:**

1. All core risk reducing programs will be offered as follows:
  - a. Programs offered will meet the conditions frequently ordered by the court, the Board of Pardons and Parole, or the Department.
  - b. The core risk reducing programs available to a particular offender will depend on a number of factors including the offender's risk and needs assessment scores (priority given to high-risk and medium-risk offenders) and whether the program is offered by the facility where the offender is located.
  - c. The adjunct programs available to a particular offender will be based on need or offered on a voluntary basis.
2. The Department prohibits discrimination on the basis of disability in providing treatment programs to offenders. Facilities may be required to take remedial action, when necessary, to facilitate offender participation as follows:
  - a. make reasonable modifications to policies, practices, or procedures;
  - b. provide auxiliary aids and services to the hearing and visually impaired;
  - c. address the special needs of impaired offenders, for example, those with mental illness, or who are illiterate, head injured, or developmentally disabled; or
  - d. deliver services at alternate accessible sites.
3. Qualified staff will conduct and maintain appropriate screenings and assessments, case management, progress reports, and clinical documentation.
4. Facility Administrators will establish appropriate staffing levels for programming and treatment delivery based on specific program curriculum requirements in order to ensure fidelity.
5. Administrators may approve the use of community-based resources to augment facility treatment programs.

**C. ADDITIONAL REQUIREMENTS FOR ADMINISTRATION OF SEX OFFENDER PROGRAM (SOP):**

1. Facilities that provide sex offender treatment will:
  - a. comply, at a minimum, with the following requirements:
    - 1) must be provided by a licensed clinical professional;
    - 2) screen and assess offenders for appropriate SOP placement;
    - 3) offer outpatient and inpatient treatment settings where applicable;
    - 4) use cognitive and behavioral-based treatment modalities;
    - 5) provide education and progressive treatment phases with established criteria and time frames; and
    - 6) provide an aftercare component to address relapse prevention techniques, discharge planning, and continuing care.
  - b. ensure providers to whom offenders are referred or provide contracted services maintain procedures that include the following:
    - 1) offender consent for testing and treatment, if applicable;
    - 2) criteria for removing offenders from treatment;

## Subject: TREATMENT AND PROGRAMS FOR ADULT OFFENDERS

- 3) records access, release, and confidentiality consistent with constitutional and statutory law;
- 4) staff and intern supervision requirements; and
- 5) offender risk assessments prior to discharge when applicable.

**D. ADDITIONAL REQUIREMENTS FOR THE ADMINISTRATION OF SUBSTANCE USE DISORDER (SUD) PROGRAMS:**

1. All Substance Use Disorder (SUD) treatment facilities will conduct offender drug testing.
2. Contractors that provide approved SUD treatment directly to offenders will comply, at a minimum, with the following requirements:
  - a. provide screenings, assessments, and referrals to appropriate levels of treatment;
  - b. develop individualized, multidisciplinary treatment plans;
  - c. include SUD education and primary care treatment;
  - d. offer outpatient and inpatient treatment settings where applicable including:
    - 1) intensive treatment for SUD;
    - 2) intensive treatment for methamphetamine-specific addiction;
    - 3) relapse prevention; and
    - 4) continuing care treatment.
  - e. use cognitive and behavioral-based treatment modalities while considering the following:
    - 1) incorporate culturally-appropriate delivery; and
    - 2) treatment addressing population-specific needs or characteristics (gender-specific; trauma-related; co-occurring; SUD).

**E. PROVIDER TRAINING AND QUALIFICATIONS:** The following are applicable to persons hired after the effective date of this requirement.

1. Facility Administrators will have 3 years of experience with offender treatment, including time at the current facility.
2. Clinical supervisors will have the minimum credentials of licensure as a Licensed Clinical Social Worker (LCSW), Licensed Clinical Professional Counselor (LCPC), psychologist, or Licensed Addiction Counselor (LAC) with at least 3 years of experience working with an offender population.
3. Sex Offender Program (SOP) Therapists will have the following minimum credentials:
  - a. a post-graduate or Master's degree in a treatment-related field; and
  - b. professional licensure preferred; or eligibility for licensure required.
4. LACs will have the following minimum credentials:
  - a. Associate's degree in SUD counseling or Bachelor's degree in related field; and
  - b. licensed as an addiction counselor, or LAC eligible.
5. Staff who administer, supervise, and provide approved curricula will maintain current licensure, certification, and continuing training requirements. Staff who provide offender programs not requiring professional licensure will be qualified by either formal education or training. All offender programs will receive appropriate levels of clinical or staff supervision and training according to licensing and credentialing standards and as necessary to maintain program fidelity.

**F. PROGRAM STATISTICS AND REPORTING:**

1. Designated facility staff associated with each type of offender programming will:
  - a. have written goals and measurable objectives for each curriculum that determine what behavior is targeted for change by the curriculum and how facility staff will measure the curriculum's impact;
  - b. maintain records on offender participation and involvement in curricula (for example, case notes);
  - c. track offender capacity and completion data including:
    - 1) those who have successfully completed each individual curriculum, and
    - 2) those who have not completed each curriculum and the reasons for not completing.
2. Statistics will be compiled and submitted to the FPB twice a year (by January 21 and July 21) using both sections of *PFB 6.2.459 (A) Programming Report*.
  - a. The *Report* is submitted to [coraccdreports@mt.gov](mailto:coraccdreports@mt.gov) with the subject line "Facility: Programming Report date."

**G. PROGRAM EVALUATION:**

1. Facilities must participate in the Department's program evaluation process.
2. The Department has adopted the *Correctional Program Checklist (CPC)* as its program evaluation tool for measuring adherence to evidence-based practices as required by statute.
  - a. The *CPC* may only be administered by Department staff certified to administer the tool.
  - b. The Department's Quality Assurance of Evidence-Based Practices and Programs Bureau will establish the review cycle for administration of the *CPC*.
  - c. The Department will schedule a conference call with the program to ensure the program is aware of the process and items needed for the on-site evaluation.
  - d. Approximately 8 weeks after the on-site evaluation, the *CPC* evaluation team will send a draft report to the program administrators, who will have an opportunity to comment on the report prior to the report being finalized.
  - e. Upon receipt of the finalized report, the program should identify the recommendations that will be implemented for program improvement and the method(s) of implementation. The assigned Contract Manager will schedule periodic meetings to discuss implementation status, resources needed, and barriers encountered, and will generally be available to provide technical assistance to the facility administration as requested.

**IV. CLOSING:**

Questions about this requirement should be directed to the Community Corrections Facilities and Programs Bureau or the Department's Quality Assurance of Evidence-Based Practices and Programs Bureau.

**V. FORMS:**

*PFB 6.2.459 (A) Programming Report*